PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 06S1-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Dockel Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) RATE NUMBER EXTRA RATE FEE NUMBER FILED FOR 160 BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS OR minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS **≠**OR X S minus 3 = (37 CFR 1.16(b)) OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) TOTAL TOTAL OR * If the difference in column 1 is tess than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) HIGHEST **CLAIMS** RATE ADDI-PRESENT ADDI-RATE REMAINING NUMBER TIONAL **EXTRA** TIONAL PREVIOUSLY **AFTER** ENT FEE **FEE** AMENDMENT PAID FOR Minus Total ENDMI OR (37 CFR 1.16(c)) Minus Independent (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-RATE PRESENT ADDI-RATE NUMBER REMAINING TIONAL TIONAL **EXTRA** PREVIOUSLY **AFTER** ENT FEE FEE AMENDMENT PAID FOR 2 0 ENDME Total OR x \$_ (37 CFR 1.16(c)) Minus OR O X \$ ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR' TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 3) (Column 1) (Column 2) HIGHEST CLAIMS ADDI-PRESENT ADDI-RATE RATE REMAINING NUMBER TIONAL TIONAL **EXTRA** ENT **AFTER** PREVIOUSLY FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) Minus ENDM OR X S X \$ Minus Independent (37 CFR 1.16(b)) OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, use including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/06 (08-03)

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				for Form PTO	-875		101	OTHER	R THAN	
	(CLAIMS AS (Colu	FILED - F	ART I (Colu	SMALL ENTITY	OR T		ENTITY		
FOR NUMBER FILED NUMBER EXTRA						RATE FEE] ~	RATE	FEE	
BASIC FEE (37 CFR 1.16(a))						5	OR		760	
	L CLAIMS FR 1.16(c))	27	minus 20 =	. 7		x s=	OR	x s <u>[8</u> =	126	
INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 =						x \$=	OR .	x \$=		
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	CLA	IMS AS AME	ENDED -	PART II						
4.	30.03	(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY	OR		R THAN ENTITY	
, F	1	CLAIMS REMAINING AFTER AMENDMENT	(A)	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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₽	FIRST PRESENTAT	ION OF MULTIPLE	E DEPENDEN	CLAIM (37 CF	R 1.16(d))	+ \$=	OR	+ \$=	will.	
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1	1-403	(Column 1)		(Column 2)	(Column 3)		-			
Ę	1	CLAIMS REMAINING AFTER AMENDMENT	(5)	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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¥	FIRST PRESENTAT	TION OF MULTIPL	E DEPENDEN	T CLAIM (37 CF	+5=	OR	+ \$= TOTAL	10110		
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5	-10-04	(Column 1)		(Column 2)	(Column 3)		7		1	
:NT	1	CLAIMS REMAINING AFTER AMENDMENT	6	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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¥	FIRST PRESENTA	TION OF MULTIPL	E DEPENDEN	T CLAIM (37 CF	+\$	OR	+ \$ =	Mus		
						TOTAL ADD'L FEE	OR	ADD'L FEE	10	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3. • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

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8/	ASIC FEE					<u> </u>		1	1 6 6		380.00	OR		760.00
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FORM PTO-875 (Rev. 11/98)

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